



Town of Ipswich Board of Health

25 Green Street
Ipswich, MA 01938
978-356-6605; Fax 978-356-6680

APPLICATION FOR A LICENSE TO CONDUCT A RECREATIONAL CAMP FOR CHILDREN \$50.00 Fee

Name of Camp: _____

Site Address: _____

Site Telephone: _____

Name of Camp Owner: _____

Office Address: _____

City / Town: _____ State: _____ Zip Code: _____

Office Telephone: _____

Name of Camp Operator (if different): _____

Address: _____

City / Town: _____ State: _____ Zip Code: _____

Telephone: _____

Name of Health Care Consultant: _____

Address: _____

City / Town: _____ State: _____ Zip Code: _____

Telephone: _____

Type of Camp: Day _____ Residential _____

Hours of Operation: _____

Dates of Operation: Opening: _____ Closing: _____

Swimming Pool: Yes: _____ (if Y, pool permit number: _____) No: _____

Bathing Beach: Yes: _____ No: _____

Meals Provided: Yes: _____ (if Y, Food permit number: _____) No: _____

Signature of Applicant, Title: _____ Date: _____

****See the next page for a list of documents that must be completed and submitted before your application for a license can be fully processed. The documents must be submitted 21 days prior to the anticipated starting date of the camp.**

Required Documents to be submitted:

See the Massachusetts Regulations for Minimum Standards for Recreational Camps For Children, State Sanitary Code, Chapter IV – 105 CMR 430.000 and the guidance documents issued by the Department of Public Health, Division of Community Sanitation for additional assistance with developing the following documents.

1. **Procedures for Background Review of Staff & Volunteers.** This must include prior 5-year work history, 3 positive references from non-relatives, and a criminal history review - including Sex Offender Registry, & CORI (including juvenile report) for ALL staff members & volunteers. **No person is allowed to work or volunteer at a camp until the operator has obtained all required background information, reviewed it and made a determination regarding that information.
2. **Orientation Plan for Staff & Volunteers.** Include all plans and procedures and describe each person's responsibilities.
3. **Abuse & Neglect Prevention & Reporting Procedures.** Describe steps to prevent abuse & neglect. Include reporting procedures as found in 105 CMR 430.093 (B).
4. **Discipline Policy.** Describe behavior that warrants discipline and list acceptable methods of punishment, eg: time out, send to Director's office, call parents, etc. Must list prohibitions found in 105 CMR 430.191 (B).
5. **Fire Evacuation Plan & Drills.** State that fire drills are conducted within 24 hours of the start of each camp session and list frequency and procedures of those drills throughout the season.
6. **Disaster Plan.** Explain procedures in event of varying disasters (lightening, etc.). Note transportation resources, emergency shelter, etc.
7. **Lost Camper Plan.** Explain search staff and procedures of camp & associated areas. Include when parents are notified, calling 911, etc.
8. **Lost Swimmer Plan.** Explain lifeguard search plan of shallow and deep areas and surrounding terrain.
9. **Traffic Control Plan.** Methods of reducing traffic in crowded areas eg: designated drop off/pick-up point.
10. **Contingency plans – Day Camp.** Procedures for camper that doesn't show up for camp, or at point of pick-up and for arrival of unregistered child.
11. **Emergency Procedure – Primitive, Travel, Trip.** List daily itinerary and copy parents. Note source of emergency care.
12. **Camper Release.** If not released to parent / guardian, must be written designation of other. Alternate arrangements approved in writing by the Board of Health.
13. **All Promotional Literature.** Include statement: This camp must comply with the regulations of the Massachusetts Department of Public Health and be licensed by the Ipswich Board of Health and inform parents of right to review policies: background review, health care, discipline policies, and grievance procedures. A copy of the package sent to parents that includes the camp medical policy regarding care for mildly ill campers, administration of medication, and procedures for emergency care.
14. **List of all counselors, junior counselors, and volunteer names,** ages, anticipated role at the camp, and all applicable certification(s).

Camp Director:

Name: _____

Age: _____

Coursework in Camping Administration: _____

Previous Camp Administration Experience: _____

Health Care Consultant:

Name: _____

Type of Medical License (must be a physician, nurse practitioner, or physician assistant with pediatric training):

MA License Number: _____

Health Supervisor:

Name: _____

Age: _____

Type of Medical License, Registration or Training [see 105 CMR 430.159 (C)]:
_____**Aquatics Director:**

Name: _____

Age: _____

Lifeguard Certificate issued by: _____

Expiration Date: _____

American Red Cross CPR Certificate: _____

Expiration Date: _____

American First Aid Certificate: _____

Expiration Date: _____

Previous Aquatics Supervisory Experience: _____
_____**Firearms Instructor:**

Name: _____

National Rifle Association Instructor's Card (or equiv.): _____

Date Certified: _____ Expiration Date: _____

Horseback Riding Instructor:

Name: _____

License Number: _____ Expiration Date: _____

Stable:

Location: _____

Licensed in accordance with MGL Ch. 111 § 155, 158:

Yes _____

No _____